

When all of that happens, I would expect that the Senate will, indeed, determine that it can proceed ahead with the comprehensive test ban without any jeopardy to our national security. That step forward will bring us well-deserved commendation from other nations and it will be a gift beyond value to the generations that will succeed us.

Mr. INHOFE addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

PARTIAL-BIRTH ABORTIONS

Mr. INHOFE. Mr. President, like the Senator from Indiana, this is kind of a preview to coming attractions. I plan tomorrow to spend some time on the floor talking about one of the most serious issues we have been addressing here in the U.S. Senate, that is, the issue of partial-birth abortion.

As I was listening to the Senator from Indiana, the statements he made, it occurred to me that if we made one mistake during this entire debate, it has been to refer to this as an abortion, because most people think of abortions as something that is taking place prior to the time that, in their own minds, a fetus becomes a human being. I suggest that everyone has to make that decision as to when human life begins. I made my decision many years ago.

But I think when you deal with something as barbaric as a procedure such as the partial-birth abortion, you have to understand that this is something that happens at a time and can happen during a normal birth process.

I know the occupant of the Chair recently went through an experience when his wife delivered a new child. I am happy to tell you, Mr. President, that on Friday of this week, I will have my fourth grandchild, so I know something about this, too.

I remember so well, and I will be referring to this tomorrow, an experience I had about January of this year when we had the birth, at that time, of my third grandchild. My daughter called me up and said, "Daddy, would you like to come over and come into the delivery room?" Of course, back when we were having babies they would not let you in the same hospital, let alone the same delivery room. I remember so well when the baby was born, baby Jason was just a tiny, beautiful thing, and it had not been more than a minute since his first breath and she handed this baby to me, and I thought, this is just about the time this procedure has been customarily used; if only people knew what was happening, the fact that an incision would be made into the back of the head in a baby that is three-fourths of the way already born in this world, open up the head, and place a catheter and suck the brains out and the skull collapses. It is barbaric. It is a procedure that we have to do something about in this country.

I had occasion to ride back to Oklahoma with one of my fellow delegates, a Member of Congress, TOM COBURN, a medical doctor. TOM COBURN, Member of the House of Representatives, de-

scribed this, because he saw this procedure take place one time. He said it was nightmarish.

Last Monday, I had occasion to be in a number of cities and small towns in Oklahoma, having a series of town meetings, places, Mr. President, you have never heard of, like Durant, OK, and Idabel, OK, and Pontotoc, OK. There was not one place where they did not bring up in the course of this meeting: Are you really going to do something back there like the House did, do away with this procedure? Well, when I told them that the votes were not there and that President Clinton had vetoed our attempt to make this procedure illegal, it became, all of a sudden, a character question on him: Why would he do that? I have no way of answering that.

Tomorrow I will present over 15,000 signatures of people from Oklahoma and the comments they have made, over 15,000 people who are saying: Whatever you do, override the veto as the House of Representatives did.

As I have served here and I see people who want to retain a medical procedure that allows this method of taking the life of a small baby and I think of the people who are behind this, and you know what the baby is going through, because tomorrow I will read a report that will lead you to the incontrovertible conclusion that a baby, even in the first trimester, feels and senses the same pain that you feel, Mr. President, or anyone else in this Chamber, or any baby that is fully born and out and breathing today.

It occurred to me when the distinguished Senator from Indiana, Senator COATS, was talking a few minutes ago and he talked about if this were happening in another country we would be invoking sanctions, we would be talking about how this might affect trade, talking about economic aid. I would go a step further than the Senator from Indiana. I would say if this had been happening, if this procedure were legal and taking place in an animal, a dog or a cat, those same people who are trying to keep this medical procedure in our law would be picketing back and forth outside our Senate offices.

Tomorrow we will have a chance to talk about it.

(The remarks of Mr. INHOFE pertaining to the introduction of S. 2129 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. BROWN addressed the Chair.

The PRESIDING OFFICER (Mr. FAIRCLOTH). The Senator from Colorado is recognized.

Mr. BROWN. Mr. President, I am advised by leadership that there will be no further votes today.

Mr. President, I rise to address the question of the partial-birth abortion ban.

Mr. President, I must disclose at the start of this discussion that I am pro-choice. I have been pro-choice ever since I entered public life. I have been pro-choice in my voting pattern in the Senate and pro-choice in my voting pattern in the House of Representa-

tives. I was pro-choice in my voting pattern in the State legislature of Colorado. I have been pro-choice in the discussions and debates we have had in Colorado, as well as in Washington, DC. So I come to this question of partial-birth abortions with a clear pro-choice record.

I must say that I am not for subsidizing abortions. In that regard, no one is liable to give you a perfect score—even the pro-choice groups of which I feel part of, because occasionally those votes get counted. But then I have not been very good at subsidizing anything with public funds. So perhaps I can be seen as unforgiving in that area.

Mr. President, I am pro-choice because I believe in limited Government. I know many of my friends and colleagues have described someone who is pro-choice as being liberal. My own sense is that it is exactly the opposite. A society that gives citizens maximum choice and discretion in their lives is conservative, in my way of thinking, not liberal. For those who have suggested that this unreasonably or unfairly restricts a person's right to choose, I submit that that is a mistake. If someone shares my view that part of limited Government involves maximizing individual freedom and choice, then they rightly wish to preserve rights for people, even though they may not agree with them. Such, I think, is the case with many people who seek to preserve people's rights or the freedom to choose with regard to abortions. That does not mean—in spite of what the critics say—that one has to be in favor of abortions. It does mean that one has to understand that sometimes things happen in a free society, that we don't like, and where we do not think it is the Government's right to dictate the answer.

Mr. President, it seems to me that it is important for Members, as they cast this very important vote on the veto override, to take a look at the specifics of the bill itself. Here are some observations, that I see as I look at it. The expert testimony we had before the committee indicated that as many as 1,000 to 1,500 abortions a year, perhaps more are done using this procedure. The actual number of partial-birth abortions performed in a year is unknown. Second, it is a very rare procedure and very limited in scope, primarily confined to a late-term pregnancies. If one approaches this issue with concern about preserving the right to choose, and suggests that banning this procedure eliminates the right to choose, I think they would be mistaken. It is quite clear, if one looks at the facts and the number of these procedures that are performed, that restricting them or prohibiting them does not eliminate someone's right to choose. The bill is extremely tightly drawn.

Mr. President, I played a small part in helping to make it a tighter bill. As Members are aware, the bill does involve potential liability claims for people who violate the law. That liability was more broad than I thought it ought to be. To limit the scope of the bill on the issue of liability, my amendment was adopted to prohibited a complainant from suing those who assist the doctor in performing the procedure. Prior to that amendment, it was possible to sue the nurses, anesthesiologist, and attendants associated with one of these procedures. My amendment eliminated those potential liability claims because those people primarily respond to the initiatives of the patients and physicians and not acting on their own authority. I also offered the amendment that prohibited the father from suing under these circumstances, if he was not married to the mother at the time of the procedure and if he had not stepped forward to acknowledge the child and provide support for the child. I see no reason for us to provide a windfall to deadbeat dads. We ought to be encouraging people to take responsibility, not think up rewards for those who don't.

But, Mr. President, we cannot ignore the medical evidence. Let me be specific in this case.

The experts that testified before the committee not only indicated quite clearly that this is an extremely rare procedure but they disagreed dramatically with regard to the effectiveness of this procedure.

Here I call to mind Dr. Warren Hern. Dr. Warren Hern is a resident of Colorado. He runs an abortion clinic in Boulder, CO. He runs a clinic that probably does more late-term abortions than any clinic in the State of Colorado and perhaps one of the largest number of late-term abortions of any clinic in the country. By anyone's description, Dr. Warren Hern is pro-choice. We were contacted by Dr. Hern a few days ago. He is director of the Boulder Abortion Clinic and the assistant clinical professor of the Department of Obstetrics and Gynecology at the University of Colorado Health Science Center.

Dr. Hern has written three books, is an avowed advocate of abortion choice, and has written over 40 academic papers concerning abortions and other aspects of women's health and fertility. He is clearly regarded as an expert in this field and an expert in this field who is clearly pro-choice. Dr. Hern's message, as it was relayed to me, is consistent with the testimony he submitted to our committee hearings; and, that was simply that the partial-birth abortion procedure is not a safe procedure for women and that he himself, who practices in this field and performs late-term abortions, would not use it because of the danger involved.

Mr. President, some Members will choose to vote on this issue solely on the question of whether they are pro-choice or pro-life. Let me suggest that

Members ought to give a little more deep thought to what this bill involves. It does not, in this Senator's belief, involve whether or not you are pro-choice or pro-life. It involves taking a look at a procedure that is judged by many experts to be extremely dangerous. We ought to be concerned about that.

The partial-birth abortion ban does not preclude someone from having a late term abortion, it precludes the use of this horrific procedure. It protects women and protects those involved from what many experts consider a procedure that is not safe, is not advised and is not necessary.

Former Surgeon General Everett Koop said.

Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility. In fact, the opposite is true. The procedure can pose a significant and immediate threat to both the pregnant woman's health and fertility. It is clear that late abortion is a dangerous procedure, and in the instance of partial-birth abortion is not necessary.

Mr. President, let me reiterate that. Dr. C. Everett Koop says it is not necessary.

Mr. President, I want to quote from one of our editorials in Colorado. I must say that in Colorado our newspapers and our population are probably some of the most pro-choice newspapers and pro-choice population of any State in the Nation. We were one of the first States in the Nation to eliminate the legal restrictions on abortions.

This is an editorial from the Grand Junction Sentinel that has traced the Roe versus Wade decision and has consistently been pro-choice. Here are the Grand Junction Sentinel comments.

Much will be made about the politics of the House vote Thursday to override President Clinton's veto of a bill to ban partial-birth abortions and whether it is possible to get enough votes in the Senate to override.

Lost in the haze of political rhetoric is information about the procedure Congress seeks to ban.

This corner historically has been supportive of the right to choose, and in support of Roe vs. Wade, the 1973 Supreme Court decision that guaranteed that right. But partial-birth abortion, usually performed after the fifth month of pregnancy, is quite simply an unconscionable procedure in which the brain of the infant is sucked out after the baby has been partially delivered.

When he vetoed the bill in April, Clinton produced five women whose lives, he said, were endangered by pregnancy complications but saved by partial-birth abortions.

This week four nationally recognized doctors who specialize in obstetrics and gynecology, part of a growing national medical group opposed to this, said Clinton's claims were wrong. All of the conditions presented by the president could have been treated by methods safer than partial-birth abortions, they said.

Women who have partial-birth abortions risk being cut, having excessive bleeding and lifelong infertility.

They close with this sentence.

One doesn't have to be a member of the Christian Coalition or an antiabortion zealot

to believe that partial-birth abortions should be outlawed.

Mr. President, I am pro-choice and I believe partial-birth abortions should be outlawed, and I believe claims that outlawing partial-birth abortions interferes with the right to choose are simply not accurate. I believe a careful review of the medical evidence that is before us and that has been presented in the committee will clearly document this.

Mr. President, what we need here is not Members lining up on the side of pro-life or pro-choice, although that surely will happen. It happens every time we vote on this issue. But we do need some common sense, and we do need to listen to each other. When we vote on this issue, I believe it is appropriate to look to the medical authorities that have condemned this practice. There are those who will cast a vote because they believe this procedure is immoral. Moreover, they believe that all abortions are immoral and wrong. I am one who has not fallen into that camp. But I do believe we would be remiss if we didn't take the time to look at the facts of the bill and look at the reality of the situation.

These operations are disgusting and horrible and not essential for a woman's right to choose.

I hope Members will go deeper than just their political party or their affection for the President. I hope they will go deeper in making their vote on just whether they are pro-life or pro-choice. I hope they will take the time to look at this procedure, and I believe an objective review of the procedure will lead to the conclusion that this is not an appropriate procedure that should be allowed in the United States.

Mr. President, I yield the floor.

Mr. SANTORUM addressed the Chair. The PRESIDING OFFICER. The Chair recognizes the Senator from Pennsylvania.

Mr. SANTORUM. Thank you, Mr. President.

Mr. President, I want to congratulate my friend from Colorado.

The Senator from Nebraska was talking earlier about some Member who had distinguished himself in his ability to articulate his position well and to take stands on principles, ones he deeply believes in, not be afraid to cross the line sometimes and to take controversial stands that are outside of maybe what would be expected of him.

I think the Senator from Colorado has done that in this case, and he will be missed for his thoughtful and thorough analysis of the issue. I think anyone who listened to his presentation had to come away with an understanding that this is someone who did exactly what I had been hoping and what he called for all Members of the Senate to do, which is to step back. It is not, SANTORUM, don't put your pro-life hat on, or, Hank BROWN, don't put your pro-choice hat on, but let us look at the bill, let us look at the facts, and let us try to see whether this is something

that we want to have to continue in this country. I think what you saw in the House of Representatives is just that.

No one can stand up on this floor and say that two-thirds of the House of Representatives are people who are pro-life. They are not. They are not pro-life. Two-thirds of the House is not pro-life. I am not even sure if half of them would consider themselves or call themselves pro-life by the traditional definitions used in this town and across the country. But two-thirds of the House said no to this procedure; said it is time to draw the line irrespective of your opinion on the issue.

So for those who did in the House and already have done so in the Senate to come here and say, well, this is just some of these pro-life extremists trying to meddle again in the right to an abortion does not hold water. It did not happen in the House. That was not a group of pro-life extremists. It was in fact a bipartisan coalition. It was people of both opinions on the issue of abortion as it was here.

You heard from the Senator from Colorado. You will hear, I hope, tomorrow the Senator from New York [Mr. MOYNIHAN] and others who are pro-choice say this goes too far, this crosses the line.

I think we have done an injustice by, as the Senator from Oklahoma said, referring to this procedure as partial-birth abortion, because I know in having discussed this issue many times you mention the word abortion and people scurry to their column—pro-life, pro-choice, and tend to only listen to those who agree with them on that issue, as to what their opinion should be on this issue of abortion.

That is why I wanted to thank the Senator from Colorado for his courage in not only offering amendments, as he did, to improve the bill and tighten the bill as he said, but for his courage to stand up and talk to people who may listen and identify with his position on that issue and recognize that it is anything but extremism to say that a child that is delivered all but the head, that in many, many cases is fully viable outside of the womb, is then killed by a blunt instrument to the back of the head and the suctioning procedure, banning that procedure is not extremism.

I have not mentioned but I will—I do not like to talk about these things when I talk about issues of this nature—polls. I hesitate to talk about polls because this should not be an issue that we have to take a poll on. But the polls say that as people understand this and once it is explained to them what the procedure is, over three-quarters of the American public find this abhorrent—in some cases much higher than that. I would think if three-quarters of the American public once informed of this procedure find it to be abhorrent, that two-thirds of the Senate could find it to be abhorrent.

I discussed in my comments earlier the medical necessity for doing this,

and the Senator from Colorado did the same and quoted a different physician who said this is not a medically necessary procedure, this is in fact contraindicated as other physicians have said, that this in fact is dangerous to the woman's health, and I went through physicians and what they said about it. I talked about, as I just did, other Members of the House and now Members of the Senate who feel differently on the issue of abortion who have looked at all the evidence and decided that now with this new evidence—one thing the Senator from Colorado did not mention was the new evidence that this is not a rare procedure. I think he still referred to it as a rare procedure, and that is what everyone was led to believe when this bill was first passed, that this was a rare procedure. Planned Parenthood provided information that there was only a few hundred, 300 to 500 of these performed every year. And yet we hear from the report in the Washington Post by Dr. Brown, I think David Brown, on September 17 that this procedure is performed in this area more than just a few hundred times, just here. In fact, Planned Parenthood said this is only done by a doctor in Ohio and the doctor in California. They are the only two. And the Post found that in fact there are physicians in other areas who do it. It was found in the area around Bergen County there are 1,500 such abortions performed, partial-birth abortions performed on fetuses 20 to 24, 26 weeks. I do not refer to a 26-week-old fetus as anything but a baby because it is viable, clearly viable outside of the mother's womb.

So we have had all of that new information, and again I hope to share that and I hope that people do look at that and realize that with this information and with the medical—this is a medical procedure and should be judged not based on your opinion on abortion but based on medical evidence and whether this is medically necessary.

That is one thing it should be judged on. Obviously, you cannot avoid the effect a decision like this has on our culture; about what we say is legal and permissible in our culture. It obviously has an impact on who we are. If the Government says that this is OK, it will have an impact on who we are. And so that is something that you have to think about, too.

The other thing that is not talked about much that I think is important to discuss in light of those who support the procedure, and particularly the President, is the whole issue of fetal abnormality. The President of the United States brought to the White House when he decided to veto this legislation five women, all of whom said that they needed this procedure to be done to protect their health. All of these women had babies—some of them were late-term abortions—had babies who had some sort of fetal abnormality.

In the House and in the previous debate in the Senate many of the sup-

porters of this legislation and the President said that this is a very good reason to have an abortion, that a fetal abnormality, many of which are fatal, some of which are not always, is a good reason to have an abortion, a late-term abortion, and this type of abortion. We have discussed the health aspects of this, is this type of procedure necessary for the health reason. And clearly the evidence, the facts show physicians, both prolife and prochoice, say, no, it is not necessary.

I think there is a bigger issue here. It really goes beyond this whole debate on abortion. And that is the debate on this whole issue of fetal abnormality as a good reason to kill a child, a baby. In some cases we are talking about very late term, we are talking about in the thirties weeks, very late-term abortion, because then we are getting into the fact that, well, it is OK to perform this procedure because the quality of life of the baby will not be what we believe is good, which is the perfect baby.

Now, you have some extreme examples of this in this debate with Dr. McMahon out in California who said that he had nine third-trimester abortions—that is 7th, 8th and 9th month—he had nine such abortions that were done electively, which means there was no health risk to the mother in delivering the baby—nine such abortions done because the child had a cleft palate—a cleft palate. And we have the President of the United States and people in the Senate who are saying it is a decision between the mother and the doctor, it is not our job to say that that is wrong; that the mother has the determination as to what is perfect in her eyes and then the Government, the State has no decision.

I said earlier that the very same people who make that argument are the very same people who stood in this Chamber and the House, and I am proud they did, and argued for the Americans with Disabilities Act. They said that people who are not perfect, who have a disability, have a right to be able to get around to different places, to have employment opportunities, to be treated equally.

We did not bring up this issue. I do not know whether we will before we leave, but the issue of I-D-E-A, IDEA, which is education for the mentally disabled in our school system and the physically disabled—again, the very same people, many of them, not all, but many of whom will stand and say this feature is OK because we have a deformed baby, say that we have an obligation to provide equal education to children with disabilities.

If we have an obligation as a State, as a government, to provide equal opportunities for education for people who are not perfect, at least in the eyes of some, those who have disabilities should have the equal right to education, should have the equal right under the ADA to treatment in the workplace and other places, how can you stop short and say they do not

have an equal right to life? How can you be for all those things and not be for giving this poor—in some cases, yes, badly deformed—baby a right to die with dignity, if that is the case, a right to live?

There is an article in the Washington Times today. It quotes a man, a correspondent. I should not say it is a man because it does not say that. I apologize for that. The article is written by a woman, Maggie Gallagher. It may, in fact, be a woman. It says:

I ran across excerpts from a letter to the editor of the London Spectator. The correspondent wrote: "I have severe spina bifida, and am a full-time wheelchair user . . . Every day I read in the press about 'exciting breakthroughs' which mean yet another way to kill people like me before birth."

I think that is the point I want to make here. Let us just put aside the whole issue of partial-birth abortion for just one second. Think about what message we are sending out to the people who have disabilities, who have suffered through some of the disabilities described by some of the women that the President brought to justify his decision here. Yes, many of the people who had these disabilities—in fact, in some cases, all of the people who had these deformities—died. But some lived. Some lived for a short period of time, some for a long period of time. What are we saying to them? What are we saying to our culture? What are we saying about these people who came to the floor for month after month on the issue of disabilities, on the issue of welfare, and said, "What about the children? Don't you care? Where is your compassion? Where is your concern for the least of us as a society?"

Did these children do anything to end up disabled? Is it their fault that they were abnormal, that we should look upon them and say, "Well, because you are abnormal, you are therefore expendable, and it is justifiable to treat you that way?"

I am going to read an article from a doctor who wrote this just last month in the Los Angeles Times, the Washington edition. The doctor's name is Katherine Dowling. She is a family physician at USC School of Medicine. The title of the article is, "What Constitutes a Quality Life?"

The nights can be long and frustrating for we doctors whose shifts fall with regularity in the wee hours. A young lady comes in demanding to know if she is pregnant, then fussing for instant termination when she is found to be. An elderly lady wants a cure for her constipation. An addict arrives, angling for a legal fix.

But every once in a while, like the astronomer whose long nocturnal vigils are rewarded one clear night with the smudge of a new comet on his photography plate, we sometimes encounter the extraordinary. I did one recent night.

I doubt you'd peg the couple as extraordinary if you saw them on the street. She had perhaps once been somewhat of a beauty. Her brown hair was cropped short and hung limply, and she clearly had put on a bit more weight with each of her pregnancies. His tummy flopped over his belt, and he had a kind smile. Their child was a young adult

based on his birth date, but his brain hadn't really developed much beyond that of a 4-year-old. As he lay on the gurney, occasionally using words only his mother could understand, she calmly told of the recent worsening of his medical problems. When she left the room, he searched for her with the tenacity of an infant, and like an infant, looked into her eyes with pure joy when she returned. Dad waited outside, ready with a smile and a little joke.

They had been caring for their child with love and patience since early infancy, when his problem first began. I suspect that he was a happy young man, in spite of his bad neurologic luck. He'd certainly had good luck in his choice of parents.

To me, these parents showed a caliber of heroism that only a few humans are called on to exhibit in a lifetime. They had put aside their own wants, had accepted a child who would never be capable of doing things even the most ordinary of nonhandicapped children could, had given their son enough love and physical help to make his life not just bearable but apparently happy. In the process, they'd raised a bunch of other children now doing well, and they'd stayed together in a strong and supportive marriage.

Far too often, we assume that a child born with a medical problem is a child whose life is not worth living. We think that parenting such a child is an impossible task. When President Clinton vetoed the bill that would have banned partial birth abortions, implicit in the stories of the women he gathered around him was that they were doing a noble thing for their children and themselves. Extracting the brain from a living, sentient fetus was felt to be better than allowing that fetus to be born with a body that was less than perfect.

In 1995, James McMahon, a leading Los Angeles abortion doctor (recently deceased), sent a submission to the House Judiciary subcommittee on the Constitution, which was holding hearings on partial birth abortion. This document revealed the reasons partial birth abortions were done in a survey of more than 1,000 babies. More than 10% were done because of fetal death, but by definition, this is not abortion. Twenty-four were done for cystic hydroma (a benign lymphatic mass, usually treatable in a child of normal intelligence). Nine were done for cleft lip-palate syndrome (a friend of mine, mother of five, and a colleague who is a pulmonary specialist both were born with this problem). Other reasons included cystic fibrosis (my daughter went through high school with a classmate with cystic fibrosis) and duodenal atresia (surgically correctable, but many children with this problem are moderately mentally retarded). Guess they can't enjoy life, can they? In fact, most of the partial birth abortions in that survey were done for problems that were either surgically correctable or would result in some degree of neurologic or mental impairment, but would not harm the mother. Or they were done for reasons that were pretty skimpy: depression, chicken pox, diabetes, vomiting.

I'd like to commend those parents who have the courage to raise handicapped children. Whenever I see a mother or father holding a sickly baby and looking into its eyes with love, each time there's a Down's syndrome child learning from its sibling how to pile blocks on top of each other, I'm awed by the power of the family to make a "less than perfect" life a thing of happiness. And then I know how lucky I am to be in a profession where every once in a while, I get a glimpse of the best in humanity.

Is what we are doing here today a sign of the best of humanity? If we

allow this procedure to continue, is this the best we can be? Is this the seminal point? Is this the moment of pride that we came to the Senate to allow to happen on our watch?

For those who voted to allow this procedure to continue, when we vote tomorrow, look around, look inside and tell me whether you think we are exhibiting the best of humanity.

Dr. Dowling said that she had so much respect for parents who went through with difficult pregnancies possibly and maybe with the knowledge of an abnormal child being born.

I would like to read—and I hope I can read, because they are sometimes very difficult to read—letters from mothers who knew that the child within them had fetal abnormalities. I believe all of the letters included here represent all of the conditions that the women that President Clinton had at his side when he vetoed this bill, all of the women—I shouldn't say that, I should read them—certainly a lot of the things that the fetuses of the mothers at President Clinton's veto ceremony—those conditions are represented in these cases.

In some of these cases, the child didn't live an hour, and in some, miracles happened. But in every case, there is a case of courage, and their expressed purpose in writing was not to say that you won't hear this about partial-birth abortion, it was to deliver the point that, "Mr. President, and those who are arguing for this bill to be defeated, for the override to be sustained, please understand, that this procedure doesn't need to be done to protect the health of the mother, No. 1, and No. 2, that we went through with these pregnancies that you say are necessary to have these abortions, are necessary to preserve our health, that we actually did the alternative, and were alive and were well, and we had beautiful experiences. Tragic but, yes, in many cases beautiful experiences. And, please, Mr. President, please the Members who argue for the sustaining of the President's veto on this bill, don't use the baby, don't use the children as a shield. Don't use them as the reason for allowing this to continue. Don't make them the enemy of the mother. In fact, they are not."

I would like to read a letter first from Jeanne French, from Oak Park, IL, dated July 1996, to the President. And I think she conveys much better than I that point:

DEAR MR. PRESIDENT: I write to you today as a fellow Democrat with something to say about a difficult subject, partial-birth abortion.

You may know that last November I testified before the Senate Judiciary Committee on the partial-birth abortion ban legislation. I was on the same panel as those mothers who chose partial-birth abortions. It was ironic to see you veto the ban framed by the women whose stories I got to know as I sat beside them that day. In my naivete, I expected that your administration would be more open to hearing the other side of the partial-birth abortion question.—I was deeply saddened to be excluded from the dialog you sought on this issue.

In recent months, I've had the opportunity to get to know many women who have carried and given birth to children with fatal conditions from anencephaly encephaloceles, Trisomy 18, hydrocephaly, and even a rare disease called body stalk anomaly in which internal organs develop outside a baby's body. We gave birth to our children knowing that their serious physical disabilities might not allow them to live long.

I do not tell you this because we are, or want to appear heroic. We simply want the truth to be heard regarding the risks of carrying disabled children to term. You say that partial-birth abortion has to be legal for cases like ours, because women's bodies would be "ripped to shreds" by carrying the very sick children to term. By your repeated statements, you imply that partial-birth abortion is the only or most desirable response to children suffering severe disabilities like our children.

Perhaps inadvertently, you send a message of hopelessness to women and families who anticipate the birth of children with serious or fatal disabilities.

This message is so wrong. We feel that it is imperative that you reconsider the way you talk about options available to mothers carrying very sick babies like ours. Will you consider meeting with me and a few of the women I have come to know over this issue? Will you please extend to the Morsmans, Heinemans, Sheridans, and to me the same courtesy extended to those families who had partial-birth abortions? Will you meet with us personally, and hear our stories?

Thank you for considering this request. I look forward to your response.

The response came back 13 days later that "the President appreciated the letter but will not have the opportunity to speak with you or your group."

I ask unanimous consent to have printed in the RECORD the President's response after the reading of the letter.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

THE WHITE HOUSE,
Washington, July 30, 1996.

Ms. JEANNIE W. FRENCH,
Oak Park, IL.

DEAR MS. FRENCH: Thank you for interest in speaking with President Clinton on the subject of partial birth abortion. President Clinton appreciates your kind letter.

At this time, it seems that the tremendous demands on the President will not give him the opportunity to speak with you and your group. However, we will keep your invitation on file and will be sure to contact you if any changes in his schedule allow him to accept.

Once again, thank you for your thoughtful letter. Your continued interest and support are deeply appreciated.

Sincerely,

STEPHANIE S. STREETT,
Director of Scheduling.
ANNE HAWLEY,
Director of Scheduling.

Mr. SANTORUM. What are those stories? Why are they important in this debate? I think Mrs. French said why they are important. I think they are important for the purposes of this whole idea that we need to have these abortions legal because of the health of the mother. That is important. That is why, the President said, he vetoed the bill.

We have all sorts of medical evidence and testimony, and even newer testi-

mony, testimony from both pro-choice and pro-life physicians, who say that there is absolutely no health-of-the-mother or life-of-the-mother reason for doing this procedure. In fact, it is contraindicated. It is more dangerous, according to Dr. Hern, who performs abortions and late-term abortions, to do this procedure. So we have lots of medical testimony about the cold medical aspect of it.

What Mrs. French is getting to is something that is maybe more important for us who are nonphysicians, who do not, frankly, feel comfortable about making medical decisions but, hopefully, feel more comfortable about making cultural decisions. That is where we are. The cultural decision is, as Dr. Dowling said, what constitutes quality of life? We are making that decision here. If we sustain the President's veto, the children who just do not measure up, are not perfect, for that reason alone, that we should allow this procedure to continue because they are not wanted in the human family here in the United States of America.

The Senator from Indiana said just a few minutes ago, if we knew that a civilization, a country, was deliberately killing disabled children, what an outcry—what an outcry—there would be from a lot of the very same people who say it is OK to do it if they are only 24 weeks old in their life.

So I think it is necessary to read these stories. I do not know whether I will be able to read them all tonight because I find it very difficult to read them. I have been very lucky as a father of three children that we did not have any "fetal abnormalities" with our children. My wife Karen had three healthy pregnancies and is having another healthy pregnancy to date.

But I cannot help but hear these stories and feel such great empathy, as a father, who stood there in the birthing room, in the delivery room, and just waited, with incredible anticipation, for that child to be born, and encouraging my wife, and seeing that little baby, and wondering how that little baby is. "Please cry. Please take that first breath." Jeannie and William and Teresa, Whitney and Bruce, Margaret, the people who wrote these letters, knowing that they were delivering a baby, that once it took its first breath, how difficult that breath would be and how many breaths will they be able to take, and how to deal with them.

The first story is of William and Teresa Heineman of Rockville, MD. I will read their story as they dictated it.

We have noted with concern statements made by several couples suggesting, from their very personal and very tragic experiences, that the partial birth abortion is the only procedure available to a woman when the child she is carrying is diagnosed with a severe abnormality.

We have had experiences that were very similar and yet so very different. We have had three children biologically and have adopted three more. Two of our children were born with a genetic abnormality—5-p

Trisomy. One also had hydrocephalus. The medical prognosis for these children was that they would have at best a short life with minimal development. Some medical professionals recommended abortion; others were ready to help support their lives. We chose life. That decision carried some hardships. However, God blessed us immeasurably through their short lives.

Our first child, Elizabeth, was diagnosed after her birth. We were deeply saddened but desired to give her the best life we could. Though she never could say a word and could not sit up on her own, she clearly knew us. She learned to smile, laugh, and clap her hands. She was a joy to us for two and one half years. We clearly saw how many lives she had touched with over 200 people attended her Memorial Mass! One child was touched in a very personal way when he received Elizabeth's donated liver. Two others received sight through her eyes.

Our third child, Mary Ann, had been diagnosed with hydrocephalus in utero and shortly after birth with the same genetic abnormality that our oldest daughter had. (We could have known this during pregnancy via amniocentesis, but refused the procedure due to the risk to the baby.) Terry's obstetrician said that we were fortunate, though, that Mary Ann would have the chance to go home with us. We learned to feed her through a gavage tube as she was unable to suck to receive nourishment. Our son, Andrew, developed a special bond with his sister. We spent the next five months as a family, learning, growing and caring for our children. When our precious daughter died, we celebrated her life at a memorial Mass with family and friends.

Our belief in Jesus Christ and His gift of salvation provided comfort for us as our daughters entered their new home in heaven. They remain a part of our family and are always in our hearts. They enriched our lives and touched the lives of many others. Our Creator sent these children to us and we were privileged to love and care for them. What a tremendous loss to all of us who know them to terminate their lives because they were not physically perfect. We look forward to a joyous reunion with them in heaven.

It is so easy to see the half of the glass that is empty when we face difficult problems; will we have the courage to allow our children to have the half of the glass that is full? We pray for other mothers and fathers who are faced with agonizing decisions that they will remain open to the gift being entrusted to them. God's love is ever-present during our times of joy and sadness. He is with us now as well as parents to Andrew, now nine years old, and three children: Maria, Christina, and Joseph; ages 11, 9, and 7, who joined our family through adoption.

Again, this is a story about children who die as a result of the fetal abnormalities that some would suggest are medically necessary to save the life of the mother or health of the mother.

I think what Terry Heineman and Bill Heineman said is that not only is it not necessary to do this procedure to preserve the health of the mother, but I think it says something about how we value life in this country. It is a very disturbing thing, indeed.

Whitney and Bruce Goin from Orlando, FL:

On March 20, 1995 my husband and I found out that we were expecting a precious baby. The discovery was an incredible surprise. We were not trying to become pregnant, but knowing that the Lord's plan for our lives

was being carried out, we were overjoyed, a little overwhelmed, but completely thrilled. I began my prenatal vitamins immediately and followed all known guidelines to protect my unborn child.

Three months later, on June 18, I had an uneasy feeling, nothing that I felt physically, just an anxious, strange feeling. I called my obstetrician and requested a fetal heart check. They dismissed my concern as the first-time-mother jitters but agreed to let me come into the office, unable to find a heart beat, the nurse sent me down the hall for a sonogram to reassure me that there were no problems. This would be my first sonogram where I would actually be able to see the baby. I was five months pregnant.

The nurse began pointing out our baby's toes and feet, and when the baby kicked I smiled, believing that everything was alright. Then, the nurse suddenly stopped answering my questions and began taking a series of pictures and placed a videotape into the recorder. Unaware of what a normal sonogram projects, I did not decipher the enormous abdominal wall defect that my child would be born with four months later.

My husband was unreachable so I sat alone, until my mother arrived, as the doctor described my baby as being severely deformed with a gigantic defect and most likely many other defects that he could not detect with their equipment. He went on to explain that babies with this large of a defect are often stillborn, live very shortly or could survive with extensive surgeries and treatments, depending on the presence of additional anomalies and complications after birth. The complications and associated problems that a surgical baby in this condition could suffer include but are not limited to: bladder exstrophy, imperforate anus, collapsed lungs, diseased liver, fatal infections, cardiovascular malformations, etc.

I describe my situation in such detail in hopes that you can understand our initial feelings of despair and hopelessness, for it is after this heartbreaking description that the doctor presented us with the choice of a late-term abortion. My fear is that under this emotional strain many parents do and will continue to choose this option that can be so easily taken as a means of sparing themselves and their child from the pain that lies ahead. With our total faith in the Lord, we chose uncertainty, wanting to give us as much life as we could possibly give to our baby.

On October 26, 1995, the doctors decided that, although a month early, our baby's chance of survival became greater outside the womb than inside, due to a drop in amniotic fluid. At 7:53 am, by cesarean section, Andrew Hewitt Goin was born. The most wonderful sound that I have ever heard was his faint squeal of joy for being brought into the world. Two hours after being born he underwent his first of three major operations.

For two weeks Andrew lay still, incoherent from drugs, with his stomach, liver, spleen and small and large intestines exposed. He was given drugs that kept him paralyzed, still able to feel pain but unable to move. Andrew had IV's in his head, arms and feet. He was kept alive on a respirator for six weeks, unable to breathe on his own. He had tubes in his nose and throat to continually suction his stomach and lungs. Andrew's liver was lacerated and bled. He received eight blood transfusions and suffered a brain hemorrhage. Andrew's heart was pulled to the right side of his body. He contracted a series of blood infections and developed hypothyroidism. Andrew's liver was severely diseased, and he received intrusive biopsies to find the cause. The enormous pressure of the organs being replaced slowly into his

body caused chronic lung disease for which he received extensive oxygen and steroid treatments as he overcame a physical addiction to the numerous pain killers he was given.

The pain and suffering was unbearable to watch, but the courage and strength of our child was a miraculous sight. We were fortunate. The worst case scenarios that were painted by the doctors did not come to fruition, and we are thankful that our son was allowed the opportunity to fight. His will to live overcame all obstacles, and, now, we are blessed by his presence in our lives each and every minute. Our deepest respect and prayers go out to the courageous parents who knew that their baby would not survive and yet chose to love them on earth as long as God allowed and intended for them to be.

This is an issue that goes beyond abortion. This is an issue that goes beyond a medical procedure. This is an issue about what we view as life, as good enough life, to be born or to live. To use as a reason for allowing this procedure to continue, fetal abnormality, so badly misses the mark, sends a message to the women of this country, families of this country who are listening, who are having to deal with this issue today, right now the President of the United States said because of fetal abnormality these women should have abortions, it is a good reason to have an abortion, this kind of a partial-birth abortion.

What these women are saying is that we do not need to do that to protect our health and that there is an alternative out there, and that the message from the President of hopelessness for their situation is, as Mrs. French said, wrong. There may be no hope for an encephalitic child to survive long, hours if that, but that does not mean that the situation is as hopeless as you have heard from these letters.

We have an obligation here in the U.S. Senate when we vote on an issue to look at every aspect of that issue, particularly one of this importance and consequence, to look at every aspect of that issue and to weigh all the facts and to weigh the message that we send out when we do something—not only the direct consequences. The direct consequences are clear: Thousands of children, of babies that are 20 weeks and later, will be allowed to be partially delivered, feet first, the entire body delivered except for the head, and will be allowed to be killed—that far, inches away from its first breath.

We know that. That is a fact. That will happen if this bill is not passed here by the Senate over the President's objection. That is what we sort of focused on. We focused on, rightfully, the horror of that procedure being given a legal imprimatur by the U.S. Senate and by the President of the United States of America. That is a tough one for many of us to swallow. It is a tough one for many Americans to swallow. But there is more, and I think the stories of these women and the children involved is another element to this story. I think I am going to save these last couple of letters for tomorrow to read because I don't want to be repetitive tomorrow.

My colleagues, many of whom are otherwise involved right now with meetings and receptions and other kinds of things here on Capitol Hill, I just hope that at some point tomorrow when we are debating this, their television sets are turned on, or they happen to be on the floor, and that they understand this is not just an issue—although it is an issue—of a medical procedure being performed. This is a horrific procedure. It is not just an abortion, it is infanticide. It is infanticide. It is killing a baby. If you can accept that, I guess the argument that we are also making a decision on regarding the quality of life in America sort of pales in comparison, maybe—I don't know. But if you are troubled by that, if it causes you to think again, with all the new information that has been provided over the past several months and weeks, if it bothers you enough to rethink, then also think about that message that we are sending to the less-than-perfect children of America and the mothers who are, right now, dealing with the possibility of delivering an abnormal baby.

My wife is due in March. We haven't had a sonogram done. We are hopeful that everything is fine. What message would it send to me, in looking at that sonogram in a week or two, if they say that if that child just isn't what you want, if that baby of 20-some weeks is just not what you bargained for, you have our permission to go through this procedure. In fact, it is your right to do so. I don't think we want to send that out. As Dr. Dowling said, I don't think that's a glimpse of the best in humanity. I don't think that is a moment that many of the retiring Senators here want to look back and say, "That was one of my last actions here in the U.S. Senate." I don't think we as Americans want our legislative bodies to say those things—that infanticide is OK, as long as the mother and the doctor agree that it is OK. And the children who just are not what we wanted them to be is a justification for terminating a pregnancy of a viable baby.

But let's make no mistake about this; that is what we are saying if we do not override the President's veto. That will be the message to America, to the world, to children who have been so afflicted, and to mothers and fathers who have to make that decision. I think we are better than that.

As HANK BROWN, the Senator from Colorado, came down here and talked about his position on abortion, which is pro-choice, he said that this is the proper place to draw the line. That is all we are asking. Are there no more lines in this country?

(Mr. SMITH assumed the chair.)

Mr. BENNETT. Will the Senator yield for a question?

Mr. SANTORUM. I am happy to yield to the Senator from Utah.

Mr. BENNETT. Mr. President, I remember the original debate on this issue when the Senator from California talked about the very few numbers of

procedures and insisted that medical personnel—doctors—were solidly in favor of allowing these things to continue. I ask the Senator if he has seen the article that appeared in the Wall Street Journal a few days ago, where a group of doctors said it is time to stop listening to the politicians, stop listening to the special interest groups, and let the doctors speak. And they then said, "We know the vast majority of these procedures are done for elective purposes only and that the health of the mother is, in fact, never in danger."

I ask the Senator if he is familiar with that presentation and if my memory of it is correct?

Mr. SANTORUM. The Senator's memory is accurate. I, in fact, discussed that article yesterday on the floor and entered it into the RECORD for anyone who would like to see it, as well as other articles from physicians concerning this. Yesterday, a columnist, Richard Cohen—who is pro-choice and liberal, and who wrote an article a year ago supporting partial-birth abortions—wrote an article saying he was wrong, that what he was told by the pro-choice establishment here in Washington, the special interest establishment, was incorrect. He did not say this, but I will say it for him. They lied to him, or they deliberately misled him, based on an incomplete presentation of the facts. But in either case, he did not have all the information. He admits that he still doesn't have all the information as to how many of these procedures are done and when they are done. But what we do know is that that argument by Members who oppose this bill, who want to continue this procedure to be legal, no longer exists.

Those who stood and said, well, this is a very rare procedure that is only used to protect the life of the mother—I can refer you to speaker after speaker in the Congressional RECORD of last week in the House who defended this procedure, who got up and said, "But, Mr. Speaker, we have to do this to protect the life of the mother."

Well, we have all sorts of medical testimony that that is not the case, No. 1. No. 2, even if it were the case, the bill provides an exception for the life of the mother.

Mr. BENNETT. Mr. President, that was going to be my next question of the Senator. It is my understanding that the bill says that in those circumstances where the life of the mother is in danger, the prohibitions of the bill would not apply.

Mr. SANTORUM. That is correct.

Mr. BENNETT. It is also my understanding that according to the medical information the health of the mother might in fact be in danger by this process.

Mr. SANTORUM. There is testimony that I entered in the RECORD yesterday—and I know Senator SMITH has entered into the RECORD previously, and we will do so again tomorrow—that

provides ample testimony of how this procedure is in fact more dangerous than the alternatives, including and particularly delivering the baby at term through either a vaginal delivery or cesarean section. The Senator from Colorado again reminded everyone—who is pro-choice and talked about a physician in Boulder, CO, who performs late-term abortions—saying that this procedure is more dangerous than other abortion techniques used at that stage.

So even if you are for, as I am, the belief that it is important that these mothers have that—we respect all life, even those who are less than perfect, and give them every opportunity to live—even if you do not believe in that, even if you believe that a child that has a fetal abnormality at 35 weeks, premature 5 weeks, should be allowed to be killed before it is born, even though you can deliver the baby without any additional health risks, if you waited 5 weeks, even if you believe that could happen, according to the Senator from Colorado, that is a still a more dangerous procedure.

Mr. BENNETT. I will not prolong the conversation. I thank the Senator for yielding for these questions.

I make this comment. My personal position on abortion is under the pro-life banner. I am one who would be willing to consider an abortion in a circumstance where the pregnancy came about as a result of a rape or incest—which is really nothing more than another form of rape—or where the life of the mother is in fact in jeopardy by virtue of the pregnancy. I was, therefore, somewhat troubled with the initial debate by those who kept insisting that the sole justification for this procedure was because the life of the mother was at risk, and I worried about Congress micromanaging medical procedures. But I have come completely to the conclusion that we did the right thing in passing the bill in the first place. I voted for it.

I intend to vote for the override, and I am heartened by the comment of my friend from New York, who is known for his independence, who is a pro-choice Senator on this issue but who summarized I think better than any of us can in a single sentence when he said, "For me, this comes too close to infanticide." Infanticide, for whatever purpose, is not something with which I wish to be associated.

I congratulate the Senator from Pennsylvania on his leadership on this issue. I congratulate him for his compassion. I congratulate him for the depth of his commitments to an issue that I think should touch the hearts of all Americans. I thank him for yielding.

Mr. SANTORUM. I thank the Senator from Utah. If I can, I would like to deflect the praise, frankly, that in every respect should be deflected to the Senator who is sitting in the chair, the Presiding Officer, who in spite of calls against him of being an extremist, and,

in spite of—as this issue was just beginning to rise in the political arena—being cast in an extreme pro-life position because, as the Senator from Utah, there is a lot of misinformation out there when this procedure was originally considered and even more misinformation when the Senator from New Hampshire introduced the bill to outlaw this procedure. But Senator SMITH, to his credit, got all of the information, studied it, and presented a bill that was reasonable, mainstream—not by definition when you have 70 percent to 80 percent of the people in this country saying this procedure should not be legal—it is not extreme to agree with them. You can say a lot of things. But when you are with 80 percent of the American public you are not an extremist by definition. Yet, I guarantee that you will hear Member after Member—I do not know how many Members will actually come up and speak against the override, but those that do will come up and will charge the Senator from New Hampshire, the Senator from Pennsylvania, the Senator from Utah, and other Senators with extremism for supporting this bill.

Mr. BENNETT. Mr. President, if I might be allowed, I thank the Senator from Pennsylvania for his correction about the leadership of the Senator from New Hampshire. I agree that is where the credit goes. I say to the people of New Hampshire that PAT MOYNIHAN is not generally thought of as a right-wing extremist, and to have him join the Senator from New Hampshire in this circumstance should provide sufficient cover for anyone who thinks the issue through.

Mr. SANTORUM. The Senator from Utah is absolutely correct. I just have to finish my comment on the Senator from New Hampshire.

The Senator from New Hampshire took this issue when no one else would take it. The Senator from New Hampshire stood on the floor of the Senate and carried the debate the last time in spite of enormous criticism for doing so. The Senator from Pennsylvania is a Johnny-come-lately to this issue, admittedly. I was not aware of this issue until the Senator from New Hampshire was standing on the floor debating one day. I became aware of it, and couldn't believe that we were actually debating something like this on the floor of the U.S. Senate. Are you serious? This actually happens in this country? I will never forget listening to him and listening to the volleys that were lobbed at him and listening to him trying to stand up and present the facts although they were continually obfuscated by the other side. He stood tall, and he can stand tall because he is a tall guy. But he stood tall, and we were able to get this bill through.

So now we are back. But I can tell you, as I said earlier, I had never wanted to debate the issue of abortion on the floor of the U.S. Senate, or in the House when I was there. The Senator from New Hampshire out of courage of

his conviction stands up and says we believe. I saw him that day going toe to toe with the opponents of this legislation. I said to myself "Where were you? Where were you when they needed to count the people to stand up for what you believe in?"

So I came down to the floor for a few minutes. And the Senator was on the floor for hours. I was on the floor, in comparison, for a second, but entered into the debate for the first time. And I want to say to the Senator from New Hampshire that the inspiration that he showed is the reason I am here today, and the reason we are all here today is we won a tough battle. People now are thinking, "Well, 75 or 80 percent of the American public"—in fact then it was 75 to 80 percent. They had no idea. And there was a lot of misinformation out there that has now been clarified by thankfully a lot of obstetricians coming forward—hundreds of them coming forward—saying that we need to do this. The only people who are coming forward saying that this procedure is an acceptable medical procedure are those performing the procedure. No one else is. Some are saying we should allow this to continue because doctors should be able to do what they want to do; that we should not limit doctors' choices and women's choices. That is not the same as saying that this procedure is a healthy, good procedure; that they would do it, because they are not doing it and they wouldn't do it. And the Senator from New Hampshire stood up here and made the case. Unfortunately, by the skin of our teeth, we won here in U.S. Senate. I say "unfortunately." We should have won by more, if people had had all of the information that they have today. We found that out over the last several months.

I am hopeful that Republicans and Democrats alike who voted against this legislation will examine the facts. I am not even going to ask you to examine your conscience or examine your morals. Make that decision outside of that, although I hope you would not.

Examine the facts as we now know them, not as given to us by the advocates of abortion, the National Abortion Federation or Planned Parenthood, but of doctors who are out there performing these procedures, of reporters, physicians, in some cases, who have done investigative reporting to find out what is going on out there—not what they tell us but what actually is going on.

Now, you cannot hide behind what people who agree with you on this issue would like to have you believe. You have to face facts that this is not a rare procedure done to protect the lives and health of women. Anyone who stands up in this Chamber and says that this is a rare procedure done to protect the lives and health of women is not stating the facts. The facts counter that, are absolutely opposite to it.

So let us have a debate about the facts. Let us not have a debate about

the right to choose. This is not about the right to choose. Whether I like it or not, and, frankly, admittedly, I do not like it, late-term abortions will continue to be performed if this procedure is outlawed. And they have been described. We can enter into the RECORD all the varieties of other abortion procedures that can be done. So do not argue the right to choose. Do not argue it is a decision between the doctor and the patient, because the doctor and the patient have plenty of alternatives.

This is an issue about what 100 Senators believe is the line in this country. Where is that line? Or do we not have a line anymore? Have we gotten to the point in our culture that any drawing of lines is offensive to us, any determination of what is right and what is wrong is for every individual to make a choice, that there is no right and wrong anymore, it is just whatever you decide to do is OK, no matter who it affects and how it affects them.

I do not think that any Member of this Chamber believes there are no rights and wrongs and that there are no limits to what any individual can do to themselves or to somebody else. But you cannot hide from the fact that that is exactly what we are talking about here. We are talking about right and wrong. We are talking about how far we are going to let people go to infringe on the rights of others even if those others are less than perfect, are fetally abnormal.

I hope we would stand up for those children, the lesser as some would suggest, lesser children. I would suggest—and the women more importantly, the women whose letters I read earlier would suggest—that they are not lesser, not by any stretch of the imagination are they lesser. They are important members of the human family and they make a significant contribution. I bet you could ask some of those mothers and they would tell you that the child who lived 2 months made more contributions to them and to their community than people who lived there for 30 years.

I remember we in my generation always like to say when it comes to our children it is not the quantity of time, it is the quality of time you spend with your kids. How many times do you hear that? I wish that were true, but it is both. But certainly quality of time is important. Are we going to say that because their quantity of time is not going to be such for our standards, that their quality of life is not normal by our standards, that they are expendable by the most brutal procedure I think any of us have ever heard?

Oh, I have faith in the Senate. I have faith that, as I look at these empty chairs—and most of them are empty, all but the Senator from Iowa—I look at those chairs, and I can see in those chairs every Senator sitting there as they will be tomorrow, or standing down in the well, and they will have to be making a decision that they have to

come to terms with what is right and wrong, about what comes up to the line and what crosses the line. I believe that enough Senators will look inside and see that this calls for a moment to look at what the best of our humanity is about, not the worst, and they will do the right thing. I will pray for that tonight. I hope you will, too.

I yield the floor.

Mr. GRASSLEY addressed the Chair.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. GRASSLEY. I compliment the Senator from Pennsylvania for all the time he has devoted to this issue and how he causes everyone in this body and throughout America to think of the importance of this issue. I also compliment the Presiding Officer, the Senator from New Hampshire, for his leadership and his work as well.

I agree with everything the Senator from Pennsylvania has said. I am going to speak tomorrow on this issue during final debate.

CHILD PORNOGRAPHY PREVENTION ACT

Mr. GRASSLEY. Mr. President, I rise today in strong support of S. 1237, the Child Pornography Prevention Act, introduced by Senator HATCH. I am proud to be an original cosponsor of this very important piece of legislation, which would close loopholes in the current child pornography statutes created by computer technology. Now, due to the marvels of modern technology, child pornographers can use computers to create synthetic child pornography which is so realistic and life-like that no expert can distinguish it from traditional kiddie porn. S. 1237 would close that gap.

But the bill has not come up for a vote yet, even though the bill was put on the calendar over a month ago. Why is that? Why has not the Senate moved to pass this legislation quickly and send it to the House as the 104th Congress comes to an end?

The reason, Mr. President, is that some Senators from the other side of the aisle will not let the bill come up for a vote because they oppose stiff new mandatory penalties for child pornographers.

In the Judiciary Committee, I offered an amendment which would create a three-strikes-and-you're-out penalty structure for the production of child pornography. First time offenders will receive a 10-year minimum sentence. For a second offense, there would be a 15-year minimum sentence, and for a third offense, there would be a minimum sentence of 30 years to life. My amendment passed the committee after much debate.

But now, some Senators from the other side of the aisle are using senatorial privilege in order to have my amendment stripped out of the bill without ever having a vote on the matter. These Senators are literally holding the Senate hostage. In contrast,